

PRINTED: 05/07/2007  
FORM APPROVED  
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES  
NO PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA  
IDENTIFICATION NUMBER:

09G074

(X2) MULTIPLE CONSTRUCTION

A. BUILDING \_\_\_\_\_

B. WING \_\_\_\_\_

(X3) DATE SURVEY  
COMPLETED

04/26/2007

NAME OF PROVIDER OR SUPPLIER

MTS

STREET ADDRESS, CITY, STATE, ZIP CODE

4012 LEE STREET, NE

WASHINGTON, E C 20019

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS	W 000		
	<p>This recertification survey was conducted from April 24 through April 26, 2007. The survey was initiated using the fundamental survey process; however, it was determined that the survey should be extended under the condition of participation of Client Protection. A random sample of two clients was selected from a residential population of three males with various degrees of disabilities. Two of the clients in the facility had psychiatric diagnoses for which medications were prescribed. One client randomly selected at the time of the survey had one to one staffing due to severe seizure activity.</p> <p>The findings of this survey were based on observations at the residence and day program, staff interviews at both the group home and day program, one legal guardian, one family member, review of clinical and administrative records to include the facility's unusual incident reports and policies.</p> <p>From the results of this survey, it was determined that the facility was in compliance with Condition of Participation under Client Protection.</p>			
W 124	<p>483.420(a)(2) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment.</p> <p>This STANDARD is not met as evidenced by:</p>	W 124	<p>W124</p> <p>As indicated by the surveyor, by exit time client #1's brother had signed consent forms for the psychotropic medication regimen. The QMRP will insure that client #1's brother is informed of any future changes in the psychotropic drug regimen and that he approves them as evidenced by signed consent forms. The brother has agreed to be the primary decision making support person for client #1...5-15-07.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 124	<p>Continued From page 1</p> <p>Based on observations, interviews and record review, the facility failed to ensure that each client, parent, or legally authorized party is informed of the client's medical conditions, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment for one of two clients in the sample. (Client #1)</p> <p>The finding includes:</p> <p>The facility failed to ensure Client #1 was informed of the risks and benefits of his psychotropic medications and behavior management plans.</p> <p>Observations of the evening medication administration on April 24, 2007 at 7:13 PM and review of the Medication Administration Record (MAR) revealed that Client #1 receives Seroquel 200 mg two (2) tablets two times a day. Interview with Registered Nurse, Qualified Mental Retardation Professional (QMRP) and the review of the client's POs revealed the aforementioned medications were used in conjunction with the Behavior Management Plan (BMP) to address maladaptive behaviors. At the time of the survey, Client #1 had 1:1 close supervision in the group home and at his day program to protect his health and safety due to the severity of his seizures.</p> <p>Interview conducted with the QMRP on April 25, 2007 at approximately 3:30 PM revealed that Client #1's brothers are actively involved in his life, however, they are not his legal guardian or provide authorization for medications or Behavior Management Plan. Further review of the record and interview with the QMRP failed to evidence that written consent for the use of the</p>	W 124			

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W 124	Continued From page 2 psychotropic medication had been obtained. At the time of the survey, there was no evidence that Client #1's treatment needs, including the benefits and potential side effects associated with proposed medications, and the right to refuse treatment, were explained fully to the client or a legally authorized representative.  The review of Client #1's Psychological Assessment dated June 20, 2006, indicated that he was not able to make independent decisions concerning residential or day placement, treatment plans or financial affairs and can not give informed consents.  It should be noted that on the last day of the survey April 26, 2007 at approximately 2:30 PM, the Qualified Mental Retardation Professional (QMRP) was able to produce consents for Client #1's use of psychotropic medications dated January 19, 2007. It should be further noted that an interview with one of Client #1's brothers on April 27, 2007 at approximately 12:45 PM revealed that he received a phone call from the facility this week in reference to the use of Seroquel. The brother indicated that he recently signed consents for the use of psychotropic medications.	W 124		
W 130	483.420(a)(7) PROTECTION OF CLIENTS RIGHTS  The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.  This STANDARD is not met as evidenced by: Based on observation, the facility failed to implement an effective system to protect the	W 130		

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W 130	<p>Continued From page 3</p> <p>clients' right for privacy during medical and personal care needs for two of three clients residing in the facility. (Client #2 and #3)</p> <p>The findings include:</p> <p>1. The facility failed to ensure that Client #2 received privacy during the evening medication administration.</p> <p>During the evening medication administration observation at approximately 6:59 PM on April 24, 2007, the Licensed Practical Nurse (LPN) was observed administering medications to Client #2 in the basement. At the time, clients and staffs were in the basement socializing and watching television.</p> <p>2. The facility failed to ensure that Client #3 received privacy during the evening medication administration.</p> <p>During the evening medication administration observation at approximately 6:59 PM on April 24, 2007, the Licensed Practical Nurse (LPN) was observed administering medications to Client #3 in the basement. At the time, clients and staffs were in the basement socializing and watching television.</p>	W 130	<p>W130</p> <p>Using the guideline placed in the MAR book, the DON and the Coordinating RN provided reinforcing training to the medication nurse who failed to protect the privacy of the consumer during medication passing (see: attached signature sheet). Nursing and the QMRP will monitor medication administration to insure that all guideline steps are routinely followed...4-27-07.</p>		
W 159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record</p>	W 159			

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W 159	Continued From page 4 review the facility failed to ensure that each client's active treatment program was coordinated, integrated and monitored by the Qualified Mental Retardation Professional (QMRP).  The findings include:  1. The QMRP failed to ensure each client's privacy during treatment and care of personal needs. [See W130]  2. The QMRP failed to ensure that each employee had been provided with adequate training that enables the employee to perform his or her duties effectively, efficiently and competently. [See W189]  3. Interview with the facility's House Manager conducted on April 24, 2007 at approximately 3:30 PM revealed that Clients #1, #2, and #3 had been living in this new location for about a month. Review of the Client #1, #2, and #3's records on April 25, 2007 at 1:19 PM revealed that the "Contact Sheet" located in the front of their medical records, still had the old addresses listed on them. Interview with Qualified Mental Retardation Professional (QMRP) on April 26, 2007 at approximately 2:40 PM, acknowledged that the old information had not been updated.  It should be noted that Client #1's Guardian/Family information was not listed on the contact sheet; the information was added by the QMRP on the last day of the survey April 26, 2007.	W 159			
W 189	483.430(e)(1) STAFF TRAINING PROGRAM  The facility must provide each employee with	W 189	<p>W159</p> <ol style="list-style-type: none"> <li>1. See responses for W130.</li> <li>2. See responses for W189</li> <li>3. The "contact sheets" have been amended to reflect the recent change in address...4-28- 07.</li> </ol> <p>The QMRP will insure that all such information is accurate and current via monthly record audits and follow up based on her findings...5-1-07.</p>		

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W 189	<p>Continued From page 5</p> <p>initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure that initial and continuing training was provided for each employee to enable them to perform duties effectively, efficiently, and competently to address the needs of one of two clients included in the sample. (Clients #1)</p> <p>The finding includes:</p> <p>Observations conducted at the day program on April 25, 2007 at approximately 11:00 AM, revealed that Client #1 was observed having a seizure lasting about 30 seconds. Interview with the client's one to one staff revealed that "she keeps records of seizure activity and how long they last in her head". The staff further indicated that she records the seizures when she returns back to the facility on seizure observations forms.</p> <p>Interview with the Qualified Mental Retardation Professional (QMRP) and Registered Nurse conducted on April 26, 2007 at approximately 1:30 PM, revealed that nurse should be notified of all seizures and the seizures should be documented on the seizure observation forms. Record verification on the same day at approximately 2:25 PM revealed a Seizure Activity Form to document seizure activity utilizing the seizure observation form and notify the facility nurse of all seizure activities.</p> <p>Review of the seizure observations forms on April</p>	W 189	<p>W189</p> <p>The QMRP retrained the one-to-one staff member for client #1 to insure that she understood the necessity to collect seizure data at the day program as seizures occurred and not later. The QMRP provided the staff member with a book and the necessary forms to collect the data at the day program. The book now travels to the day program and back home on a routine daily basis...5-1-07.</p>		

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W 189	Continued From page 6 26, 2007 at approximately 12:30 PM, revealed that the staff failed to document the seizure that had occurred on April 25, 2007 on the observation sheet. Further review of the staff training records on the same day at approximately 2:00 PM revealed staff had received training on Client #1's on April 13, 2007. There was no evidence that training was effective.	W 189		
W 212	483.440(c)(3)(i) INDIVIDUAL PROGRAM PLAN  The comprehensive functional assessment must identify the presenting problems and disabilities and where possible, their causes.  This STANDARD is not met as evidenced by: Based on observations, interview and record review the facility failed to include the diagnosis of Intermittent Explosive Disorder for a client receiving medication for the condition for one of the two clients in the sample (Client #1).  The finding includes:  Observations of the evening medication administration on April 24, 2007 at 7:13 PM and review of the Medication Administration Record (MAR) revealed that Client #1 receives Seroquel 200 mg two (2) tablets two times a day. Interview with the Registered Nurse (RN) revealed that the client receives this medication for his explosive behaviors. Review of the Physician's Order (PO) sheets for the month of April 2007 on April 26, 2006 at approximately 2:05 PM, revealed the medication was for behaviors. Further review of the PO sheets revealed that "Intermittent Explosive Disorder (IED)" was not included as a current diagnosis. On April 26, 2007 at	W 212		
			W212  The coordinating RN made a hand written modification on the physician's orders of client #1 to insure that they reflected the IED diagnosis. The modified orders were sent to the pharmacy with instructions to add the diagnosis to the orders formally as of next month...5-1-07. Nursing audits all new physicians' orders on a routine basis and will monitor for such omissions beginning with the May 2007 reviews...5-1-07.	

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W 212	Continued From page 7 approximately 2:15 PM, the facility's RN acknowledged that the diagnosis was not included in the current physician's orders.	W 212			
W 263	The surveyor observed that the RN added Client #1's diagnosis of IED on the physician's order on the last day of the survey. 483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE  The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.  This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure that each client's behavior intervention technique, including the use of behavior modification drugs was conducted with the written informed consent of the client, parents (if the client is a minor) or legal guardian for one of two clients included in the sample. (Client #1)  The finding includes:  Observations of the evening medication administration on April 24, 2007 at 7:13 PM and review of the Medication Administration Record (MAR) revealed that Client #1 receives Seroquel 200 mg two (2) tablets two times a day. Interview with Registered Nurse, Qualified Mental Retardation Professional (QMRP) and the review of the client's PO's revealed the aforementioned medication was used in conjunction with the Behavior Management Plan (BMP) to address maladaptive behaviors. At the time of the survey,	W 263	W263  See responses for W124.		



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W 263	<p>Continued From page 8</p> <p>Client #1 had 1:1 close supervision in the group home and at the day program to protect his health and safety due to the severity of his seizures.</p> <p>Interview conducted with the QMRP on April 25, 2007 at approximately 3:30 PM revealed that Client #1's brothers are actively involved in his life. However, they are not his legal guardian. Review of Client #1's Psychological Assessment dated June 20, 2006, indicated that he was not able to make independent decisions concerning residential or day placement, treatment plans or financial affairs and can not give informed consents. Further review of the record and interview with the QMRP failed to evidence that written consent for the use of the psychotropic medication had been obtained. At the time of the survey, there was no evidence that Client's rights to refuse medications and to be informed of the risk and benefits of behavioral treatment, which included the behavior support plan and the use of psychotropic medications. Additionally, the facility failed to provide evidence that substituted consent had been obtained from a legally recognized individual or entity.</p> <p>On the last day of the survey April 26, 2007 at approximately 2:30 PM, the Qualified Mental Retardation Professional (QMRP) was able to produce consents for Client #1's use of psychotropic medications dated January 19, 2007. Interview with one of Client #1's brothers on April 27, 2007 at approximately 12:45 PM revealed that he received a phone call the facility this week in reference to the use of Seroquel. The brother indicated that he recently signed consents for the use of psychotropic medications.</p>	W 263	<p>The QMRP will insure that all future changes in the psychotropic medication regimen or the BSP for client #1 are reviewed with his brother and that proper, formal consent is obtained as evidenced by the documentation record...5-1-07.</p>	

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1000	<b>INITIAL COMMENTS</b>  This licensure survey was conducted from April 24 through April 26, 2007. The survey was initiated using the fundamental survey process; however, it was determined that the survey should be extended to review concerns related to Client Protection. A random sample of two clients was selected from a residential population of three males with various degrees of disabilities. Two of the clients in the facility had psychiatric diagnoses for which medications were prescribed. One client randomly selected at the time of the survey had one to one staffing due to severe seizure activity.  The findings of this survey were based on observations at the residence and day program, staff interviews at both the group home and day program, one legal guardian, one family members, review of clinical and administrative records to include the facility's unusual incident reports and policies.	1000		
1090	<b>3504.1 HOUSEKEEPING</b>  The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors.  This Statute is not met as evidenced by: Based on observation during the environmental walk-through the GHMRP failed to maintain the facility in a safe, clean, orderly and sanitary manner as evidence below:  The findings include:	1090		

Health Regulation Administration

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

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If continuation sheet 1 of 5

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I 090	Continued From page 1  <b>INTERIOR</b>  1. The kitchen back door leading to the back yard was observed without any window shades or curtains.  2. The door bell located at the front of the house was observed not to be working.	I 090	3504.1  1. The kitchen back door is now covered by shades...5-1-07. 2. The front door bell will be repaired or replaced by...5-20-07.	
I 091	<b>3504.2 HOUSEKEEPING</b>  Housekeeping and maintenance equipment shall be well constructed, properly maintained and appropriate to the function for which it is to be used.  This Statute is not met as evidenced by: Based on observations and interview, the facility failed to maintain the interior and exterior of the GHMRP in a safe, clean, orderly, attractive, and sanitary manner.  The finding includes:  Observation and interview with the Qualified Mental Retardation Professional (QMRP) during the environmental walk through on April 26, 2007 beginning at approximately 3:00 PM revealed that the door bell located at the front of the home was observed not functioning.	I 091		
I 206	<b>3509.6 PERSONNEL POLICIES</b>  Each employee, prior to employment and annually thereafter, shall provide a physician's certification that a health inventory has been performed and that the employee's health status would allow him or her to perform the required	I 206		

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I 206	Continued From page 2  duties.  This Statute is not met as evidenced by: Based on record review, the GHMRP failed to have on file for review current health certificates for all employees.  The finding includes:  Review of the personnel files on April 26, 2007, the GHMRP failed to provide current health certification for the following:  1. Residential Counselor - Staff #9 2. Pharmacist - Consultant #9	I 206	3504.2  See #2 above for 3504.1  3509.6  The pharmacist's health certificate will be obtained by...5-30-07. Staff member #9's health certificate will be obtained by...5-30-07. MTS audits personnel records quarterly to insure ongoing compliance and to proactively notify staff on impending issues...5-1-07.	
I 227	3510.5(d) STAFF TRAINING  Each training program shall include, but not be limited to, the following:  (c) Infection control for staff and residents;  This Statute is not met as evidenced by: Based on record review, the GHMRP failed to have on file for review current training in first Aid and CPR for employees.  The finding includes:  On April 26, 2007 review of personnel records/training records for one residential counselor (Staff #1) did include that he had received First Aid and CPR training.	I 227	3510.5 (d)  MTS candidates for direct care staffing positions receive CPR training during orientation. There are two male staff members on the staffing pattern for Lee. Their CPR training verification is attached...5-1-07.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G074	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  04/26/2007
NAME OF PROVIDER OR SUPPLIER  MTS			STREET ADDRESS, CITY, STATE, ZIP CODE 4012 LEE STREET, NE WASHINGTON, DC 20019		
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1379	Continued From page 3	1379			
1379	3519.10 EMERGENCIES  In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident's health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day.  This Statute is not met as evidenced by: Based on interview and record review the GHMRP failed notify the survey agency of all incidents within twenty-four (24) hours of the next day of occurrence.  The findings include:  On April 25, 2007, interview with the Qualified Mental Retardation Professional (QMRP) and review of a facility unusual incident report revealed the following:  1. On August 9, 2006, Resident #2 fell while he was being transported by staff.  2. On August 9, 2006, Resident #2 had a boil under his arm which was causing him discomfort. The client was escorted to his PCP for further evaluation.  3. On August 4, 2006, Resident #3 was being assisted out of the bath tub by staff when he accidentally slipped and bumped his head. He sustained a laceration. Resident was taken to	1379	3519.10  The residential director will meet with the IMC to insure that DOH receives all incident reports within 24 hours of their occurrence. The management team will track compliance during its monthly meetings...5-1-07.		

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I 379	Continued From page 4  the emergency room. He required suturing of the laceration and was discharged that same day.  4. On November 8, 2006, staff observed while feeding Resident #2 some swelling in his thumb. There was not history of fall or trauma, just a sudden onset of swelling. Resident was sent for an x-ray.  5. On March 8, 2007, the provider's facility manager noted a flood in the basement with rising water. Fire Department arrived to turn off the water and the power to the home. All three residents were relocated to the Ramada Inn on March 10, 2007.	I 379			